

## 114.3 CMR: DIVISION OF HEALTH CARE FINANCE AND POLICY

### 114.3 CMR 37.00: CHRONIC MAINTENANCE DIALYSIS TREATMENTS AND HOME DIALYSIS SUPPLIES

#### Section

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#### 37.01: General Provisions

- (1) Scope, Purpose, and Effective Date. 114.3 CMR 37.00 governs the determination of the rates of payment to be used by all governmental purchasers and purchasers under the Worker's Compensation Act, M.G.L. c. 152, § 1 *et seq.* in making payment to providers for chronic maintenance dialysis treatments and home chronic maintenance dialysis supplies provided to publicly-aided and industrial accident patients, Effective October 1, 2003
- (2) Disclaimer of Authorization of Services. 114.3 CMR 37.00 is not authorization for or approval of the services for which rates are determined. The governmental purchasers of these services are responsible for:
  - (a) the definitions and authorization of services for their beneficiaries and
  - (b) providing information as to program policies and benefit limitations.
- (3) Rate as Full Payment. The rates of payment under 114.3 CMR 37.00 are full compensation for all services rendered by the provider in connection with the provision of chronic maintenance dialysis treatments and home chronic maintenance dialysis supplies. Any patient resources or third party payments on behalf of a publicly-aided patient, e.g., Medicare payments, shall reduce the amount of the governmental purchaser's obligation for these services.
- (4) Administrative Information Bulletins. The Division may issue administrative information bulletins to clarify its policy on, and interpreting of substantive provisions of 114.3 CMR 37.00
- (5) Severability of the Provisions of 114.3 CMR 37.00. The provisions of 114.3 CMR 37.00 are severable, and if any provisions of 114.3 CMR 37.00 or their application to any provider or any circumstances shall be held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions or their application to providers or circumstances other than those held invalid.
- (6) Authority. 114.3 CMR 37.00 is adopted pursuant to M.G.L. c. 118G.

#### 37.02: Definitions

Terms used in 114.3 CMR 37.00 shall have the meanings set forth in 114.3 CMR 37.02.

Centers for Medicare and Medicaid Services (CMS). The federal agency in the Department of Health and Human Services, which is responsible for the determination of reimbursement for the provision of services to Medicare-covered patients.

Chronic Maintenance Dialysis Treatment. Dialysis treatment provided on an outpatient basis for a stabilized patient. The treatment may take the form of hemodialysis, hemofiltration, intermittent peritoneal dialysis, continuous ambulatory peritoneal dialysis, or continuous cycling peritoneal dialysis and may occur in a facility or at home.

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Division. The Division of Health Care Finance and Policy appointed under M.G.L. c. 118G.

EPO. Erythropoietin.

ESRD Program Rate(s). A provider's rate(s) established by the Health Care Financing Administration for the end stage renal disease program of Medicare.

Established Charge. The lowest rate paid by any payer for treatment.

Governmental Purchaser. The Commonwealth of Massachusetts and any of its departments, agencies, boards, commissions, and political subdivisions, which purchase dialysis services.

Home Dialysis Supplies. Supplies used in conjunction with home dialysis treatment.

Industrial Accident Patient. A person who receives medical services for which persons, corporations or other entities are in whole or part liable under M.G.L. c. 152.

Net Actual Acquisition Cost. Net actual acquisition cost shall be the cost of the drug from the drug wholesaler or the drug manufacturer less all discounts and rebates.

Provider. Any independent outpatient dialysis facility licensed by the Department of Public Health and certified by the Division of Medical Assistance.

Publicly-aided Patient. A person, who receives medical services for which a governmental purchaser is in whole or part liable under a statutory public program.

Purchaser Under M.G.L. c. 152. An insurance company, self-insurer, or worker's compensation agent of a department of the Commonwealth, county, city or district which purchases medical services subject to M.G.L. c. 152, § 1 *et seq.*

42 CFR §§ 405.2101 and 405.2102. The federal regulation, which defines the medical services purchased by the Medicare program.

### 37.03: Rate(s) Determination

(1) Rates paid to dialysis providers will be subject to the following adjustments and limitations:

- (a) In a case where the established charge(s) is lower than the ESRD program rate(s) and is not based upon an established income-related sliding fee scale for self-payers, the established charge(s) shall be the approved rate(s).
- (b) If home training is included as part of a provider's ESRD program, governmental purchasers who choose to purchase the service, shall pay the rates plus an add-on listed in section 37.03(3) under the appropriate service code.

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(2) Rates for Chronic Maintenance Dialysis Treatment. A provider may use either of the two reimbursement methods listed below, provided the governmental purchaser approves the use of Method II:

(a) Method I. Payment rates under this all-inclusive method cover all services, supplies, and routine laboratory tests as defined in 42 CFR §§ 410.50 and 405.2163 *et seq.* with the exception of physician's rates. The allowable rates shall be determined for a provider's geographic location in accordance with the provisions of CMS regulation 42 CFR 413.180.

(1) Codes

Procedure Code

Description

90935	Hemodialysis procedure with single physician evaluation
90937	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription
90945	Dialysis procedure other than hemodialysis (eg, peritoneal, hemofiltration), with single physician evaluation
90947	Dialysis procedure other than hemodialysis (eg, peritoneal, hemofiltration) requiring repeated evaluations, with or without substantial revision of dialysis prescription

(2) Rates

<b><u>FOR URBAN RENAL FACILITIES</u></b>		<b><u>Method I</u></b>
<b><u>Metropolitan Service Area Code</u></b>	<b><u>Name of Metropolitan Service Area</u></b>	<b><u>All-inclusive Rate</u></b>
1123	Boston-Salem-Brockton	\$133.75
5403	New Bedford-Fall River-Attleboro	\$125.69
6323	Pittsfield	\$127.86
8003	Springfield	\$127.35
9243	Worcester-Leominster	\$126.35
<b>6483</b>	Providence-Pawtucket-Woonsocket	\$128.63
<b><u>FOR RURAL RENAL FACILITIES</u></b>		
MA	Massachusetts	\$130.11

(b) Method II. Under this method, the payment to the clinic does not include reimbursement for supplies, laboratory services, or drugs. A governmental purchaser who chooses to use the CMS Method II unbundled payment method shall use the following codes and pay the lower of the provider's established charge or the fees listed below for the specified services:

<u>Procedure Code</u>	<u>Description</u>	<u>Allowable Fee</u>
90922	ESRD related services (less than full month), per day for patients under two years of age	\$75.00
90923	ESRD related services (less than full month), per day for patients between two and eleven years of age	\$75.00
90924	ESRD related services (less than full month), per day for patients between twelve and nineteen years of age	\$75.00
90925	ESRD related services (less than full month), per day for patients twenty years of age and over	\$75.00
90999	Unlisted dialysis procedure, inpatient or outpatient	\$15.00

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(3) The following codes and add-ons shall be used when the treatment under Method I or II includes these services:

<u>Procedure Code</u>	<u>Description</u>	<u>Allowable</u>
90989	Dialysis training, patient, including helper where applicable, any mode, completed course	\$20.00
90993	Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session	\$20.00

## 37.04: Rates for Home Dialysis Supplies

Rates for home dialysis supplies, which a governmental purchaser chooses to purchase separately from other services, are contained in 114.3 CMR 22.00: Durable Medical Equipment, Oxygen and Respiratory Therapy Equipment.

## 37.05: Rates for Laboratory Services

Rates for laboratory services associated with dialysis, which a governmental purchaser chooses to purchase separately from other services, are contained in 114.3 CMR 20.00: Clinical Laboratory Services.

## 37.06: Rates for Prescribed Drugs

Q9920	Injection of EPO, per 1000 units,at patient HCT of 20 or less	\$10.00
Q9921	Injection of EPO, per 1000 units,at patient HCT of 21	\$10.00
Q9922	Injection of EPO, per 1000 units,at patient HCT of 22	\$10.00
Q9923	Injection of EPO, per 1000 units,at patient HCT of 23	\$10.00
Q9924	Injection of EPO, per 1000 units,at patient HCT of 24	\$10.00
Q9925	Injection of EPO, per 1000 units,at patient HCT of 25	\$10.00
Q9926	Injection of EPO, per 1000 units,at patient HCT of 26	\$10.00
Q9927	Injection of EPO, per 1000 units,at patient HCT of 27	\$10.00
Q9928	Injection of EPO, per 1000 units,at patient HCT of 28	\$10.00
Q9929	Injection of EPO, per 1000 units,at patient HCT of 29	\$10.00
Q9930	Injection of EPO, per 1000 units,at patient HCT of 30	\$10.00
Q9931	Injection of EPO, per 1000 units,at patient HCT of 31	\$10.00
Q9932	Injection of EPO, per 1000 units,at patient HCT of 32	\$10.00
Q9933	Injection of EPO, per 1000 units,at patient HCT of 33	\$10.00
Q9934	Injection of EPO, per 1000 units,at patient HCT of 34	\$10.00
Q9935	Injection of EPO, per 1000 units,at patient HCT of 35	\$10.00
Q9936	Injection of EPO, per 1000 units,at patient HCT of 36	\$10.00
Q9937	Injection of EPO, per 1000 units,at patient HCT of 37	\$10.00
Q9938	Injection of EPO, per 1000 units,at patient HCT of 38	\$10.00
Q9939	Injection of EPO, per 1000 units,at patient HCT of 39	\$10.00
Q9940	Injection of EPO, per 1000 units,at patient HCT of 40 or above	\$10.00
J0895	Injection, deferoxamine mesylate, 500mg per 5cc	\$14.81

Rates for all other prescribed drugs not listed here, which a governmental purchaser chooses to purchase separately from other services, are equal to the net actual acquisition cost of the drug.

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37.07: Bad Debt Settlement

Governmental purchasers and purchasers under M.G.L. c. 152 cannot participate in the Medicare bad debt settlement negotiated between CMS and the provider at the end of the provider's fiscal year.

REGULATORY AUTHORITY

114.3 CMR 37.00: M.G.L. c. 118G